



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 1990

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 28690		2. Exact name of the Corporation Moslem Grotto M.O.V.P.E.R. Inc			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Nonprofit fraternal organization			
5. Principal Office Address 142 Woodhaven Road		City Woonsocket	State RI	Zip 02895	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony M. Olivieri		Vice-President Name Robert M. Chase			
Street Address 1046 Chopmist Hill Road		Street Address 199 Lexington Avenue			
City No. Scituate	State RI	Zip 02857	City Providence	State RI	Zip 02907
Secretary Name Philip R. Bradley		Treasurer Name Ernest C. Bobe			
Street Address 319 Lake Shore Drive		Street Address 27 Wannissett Avenue			
City Warwick	State RI	Zip 02889	City Riverside	State RI	Zip 02916
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Irvin D. Follet		Director Name Everett F. Hopkins			
Street Address 46 Harrington Road		Street Address 17 Amanda Street			
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
Director Name Earl S. Palmer Jr.		Director Name None			
Street Address 20 Canonchet Trail		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Douglas E. Connell				Date 03/22/2017	
Signature of Officer/Authorized Representative 					

FILED 10:45 AM

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY 299089  FORM 631 - Revised: 02/2017